

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Application of WLRC Medical Inc.,)
For the Purchase of AmCare Ambulance)
Service)
_____)

GMCB-009-20con

STATEMENT OF DECISION AND ORDER

Introduction

In this Decision and Order we review the application of WLRC Medical, Inc. (WLRC or “the Applicant”) for a certificate of need (CON) to purchase AmCare Medical Systems, Inc. d/b/a AmCare Ambulance Service (AmCare), which provides emergency and non-emergency ambulance services in Vermont, primarily in the City of St. Albans and the towns of St. Albans, Fairfield, Georgia, and Sheldon. The cost of the acquisition is \$2,543,378.

For the reasons set forth below, we approve the application and issue the applicant a certificate of need, subject to the conditions set forth therein.

Procedural Background

On March 10, 2021, WLRC filed a CON application and request for expedited review. On March 22, 2021, the Green Mountain Care Board (Board) informed WLRC that expedited review could not be granted because the Office of the Health Care Advocate (HCA) had intervened. The Board requested additional information regarding the project on April 7, April 21, and May 17, 2021, which WLRC provided on April 14, April 28, and May 20, 2021, respectively. On May 14, 2021, the HCA informed the Board that it had no further questions and waived the requirement to hold a hearing. The Board closed the application on May 26, 2021.

Jurisdiction

The Board has jurisdiction over this matter pursuant to 18 V.S.A. § 9375(b)(8) and 18 V.S.A. § 9434(a)(1) and (a)(3).

Findings of Fact

1. AmCare Medical Systems, Inc. (AmCare) is a privately owned Vermont corporation that provides emergency and non-emergency ambulance services in Vermont. AmCare primarily serves the City of St. Albans and the towns of St. Albans, Fairfield, Georgia, and Sheldon. AmCare is the largest provider of emergency medical services (EMS) in Franklin County. Application (App.) (March 10, 2021), 1.

2. AmCare is currently owned by Walter and Marcella Krul and is licensed by the Vermont Department of Health. App., 1. AmCare's current owners wish to retire and sell 100% of the stock of AmCare to WLRC, a Maryland corporation. App., 1. William Rosenberg is the sole owner of WLRC. App. 4; April 28, 2021, Response to Questions (Resp.), 3.

3. Following its purchase, AmCare's corporate name will continue to be AmCare Medical Systems, Inc. d/b/a AmCare Ambulance Service. April 14, 2021, Resp., 3. WLRC will continue to provide high quality EMS services within AmCare's service area, assuring the continuation of this essential service in Franklin County. App., 1. WLRC will apply for a new license from the Vermont Department of Health for its operation of the ambulance service. App., 7.

4. WLRC has the resources and experience to own and operate AmCare and the capacity to expand and support other rural Vermont communities in need of emergency and non-emergency ambulance services. William Rosenberg brings to AmCare nearly two decades of experience providing ambulance services. He started as a field EMT at Syracuse University and then became a paramedic in New York State. He holds a master's degree in health care administration. He joined Butler Medical Transport, LLC (Butler) in 2002 and now leads Butler's senior leadership team as the Chief Operating Officer. WLRC owns and operates Butler and Best Care Ambulance in Maryland and Berlin EMS in Berlin, New Hampshire. Butler provides primary service to 19 of the 24 counties in Maryland as well as the District of Columbia, transporting over 50,000 patients by ambulance annually with a team of over 300 employees. Butler has become the largest commercial ambulance company in Maryland with annual revenues of \$20 million. App., 3.

5. During the CON process, WLRC entered into a managed services agreement and an employee lease agreement with the current owners of AmCare. Pursuant to this agreement, WLRC began, with the current owners' assistance, to manage AmCare. Mr. Rosenberg has spent time in Vermont with the current owners of AmCare to become familiar with AmCare's operations and equipment and to identify areas where changes should be made, including routine replacement of existing depreciated equipment that is out-of-date or obsolete. WLRC plans to upgrade AmCare's WIFI infrastructure, phone systems, and computers to a more reliable platform and install Mobile Access points in all AmCare ambulances to allow for Automatic Vehicle Location (AVL). This will enable more rapid dispatching decisions and allow for the transmission of EKG and other medical data collected during transport to hospitals. WLRC also intends to upgrade all AmCare's cardiac monitors within six months after purchase. App., 4-5.

6. In addition, WLRC intends to install Apple CarPlay- and Google Play-capable head units in all AmCare ambulances to allow for hands-free navigation and future integration into Butler's Computer Aided Dispatch System (CAD). WLRC plans to integrate AmCare's CAD with the St. Albans City Police Department CAD so the main point of dispatch can see GPS fixes on ambulances and receive live updates on the status of ambulances and whether they are in-service, out-of-service, or doing inter-facility transfers. This will improve response status and speed up 911 calls served by AmCare. App., 5.

7. AmCare provided services to 2,235 individuals in 2020 and has experienced increased demand for its services from Vermont communities and facilities. AmCare is Franklin County's only career EMS provider and Franklin County's largest EMS employer and is staffed 24/7 with multiple ambulances and paramedics. AmCare provides non-emergency and specialized ambulance transport service to Northwestern Medical Center (NMC) – AmCare is NMC's primary transport agency – and the University of Vermont Medical Center (UVMHC). AmCare also serves other Vermont hospitals, facilities, and patients throughout the state with non-emergency transport. AmCare is the only organization providing 24/7 staffed service to Franklin County with Advanced Life Support (ALS), providing ALS intercept, paramedic intercept, and emergency response to many surrounding communities. App., 1-2; April 28, 2021, Resp., 4.

8. In addition to EMS services, AmCare is currently a public safety resource for its communities, providing critical services, education, and training. For example, AmCare is currently partnering with the Vermont Department of Health to provide staffing and resources for COVID testing and vaccinations, including mobile and in-home COVID vaccinations for Franklin County's most vulnerable populations. Additionally, AmCare currently serves as a Paramedic Student Field Internship host for colleges, provides ambulance coverage for community and scholastic sporting events, and created and implemented the SurviVermont! Program, a statewide active shooter public safety training program. App., 2, 11. AmCare is also involved in community safety and outreach. It initiated and maintains coordinated area-wide/regional partnerships and provides training to its affiliated first responder organizations as well as fire and law enforcement agencies. App., 11.

9. WLRC will maintain and continue AmCare's current programs, including: provision of mutual aid and paramedic intercept services to surrounding towns in Franklin and Chittenden counties; sponsorship of local first responder services within its communities; provision of joint training to local fire service and law enforcement agencies; provision of ambulance standby at law enforcement and fire service incidents, contact sports, and community events; and collaboration with the Vermont Department of Health, Vermont National Guard, Franklin County Home Health Agency, county rural health clinics, area hospitals and nursing homes, area schools and educators, and Vermont residents in providing COVID-related testing and vaccinations. April 14, 2021, Resp., 2-3.

10. The project is expected to improve the quality of health care. The project will integrate emergency service records more smoothly into a patient's medical record. WLRC's computer-assisted dispatch and other upgrades in technology will facilitate more rapid response times and more efficient transportation of patients. Since every minute counts in emergency transports, this should result in improved patient outcomes. App., 6. WLRC's planned operational enhancements for AmCare also include an expanded patient and employee safety program utilizing drug testing and in-vehicle driver safety monitoring systems; new cardiac monitoring equipment; tuition reimbursement to allow employees to advance their level of training and patient care capability; and centralized electronic patient recordkeeping that will facilitate monitoring and review of patient care. App., 12.

11. Under WLRC, AmCare will continue to operate in accordance with the Vermont Statewide Emergency Medical Services Protocols of 2020, which utilize evidence-based emergency medicine. App., 7.

12. In regard to mental health care, AmCare currently provides specialized training in responding to calls for people experiencing a mental health crisis. AmCare responds to 911 calls and transports individuals regardless of the reason for the 911 call or the patient's ability to pay. App., 13. WLRC intends to maintain AmCare's existing training program for transport of individuals experiencing a mental health crisis. AmCare collaborates with Northwest Counseling and Support Services (NCSS) to provide a two-day Mental Health First Aid training course for its staff and WLRC intends to continue to participate in such training once it acquires AmCare. As noted above, under WLRC ownership, AmCare will continue to follow the Vermont Statewide Emergency Medical Services Protocols, which includes protocols for transporting individuals experiencing a mental health crisis. WLRC will also maintain existing training programs including staff training for transporting individuals with a suspected or confirmed overdose of substances. April 14, 2021, Resp., 1. Inter-facility transportation is an important part of WLRC's work. WLRC's improved response times will ensure that patients experiencing a mental health crisis are rapidly transported from community hospital emergency rooms to facilities with psychiatric units or appropriate settings. App., 13.

13. AmCare has an existing Infection Exposure Control Plan in place which will continue to be utilized once WLRC assumes ownership. Given the pandemic, WLRC will have its medical team meet regularly to review the most recent guidance from the Centers for Disease Control and Prevention (CDC) and the Departments of Health in states in which it operates. The team uses this guidance to inform necessary changes to infection prevention protocols specifically to address the risk posed by COVID-19. App., 7.

14. WLRC maintains that a collaborative approach is central to the delivery of all emergency services and it intends to continue to collaborate with existing providers and serve as a vital community resource. WLRC's CAD and AVL will assist AmCare dispatchers collaborate in real time with other EMS providers in the region so care can be delivered efficiently. WLRC intends to work with the other regional ambulance services to ensure that their shared goals are aligned in the service of the region's people. App., 6-7, 11.

15. The current owners of AmCare have gone to great lengths to ensure that the company they personally started and developed over the past 32 years will transition seamlessly to WLRC, which they believe will continue the company's commitment to the communities and residents of its service area. The current owners did not want AmCare to fail or falter, leaving a void or having an interruption or decrease in AmCare's level of service, and they selected WLRC because of its EMS expertise, including high quality service to rural areas. WLRC's experience, dedicated management team, resources, technical expertise, patient care, safety focus, and commitment to

advancing AmCare's patient care and community service capabilities made WLRC the current owner's choice for successful transition of AmCare's services. App., 11-12.

16. Staffing is projected to increase by 7 in year 1; 10 in year 2; and 16 in year 3. April 28, 2021, Resp., Table 9 (Staffing Projections), 17. To achieve administrative efficiencies, WLRC intends to transfer AmCare's billing to WLRC's in-house billing department. App., 9.

17. The proposed cost of the project is \$2,543,378 and will be financed by a \$2,180,000 bank loan, a \$93,378 equity contribution, and \$270,000 in working capital. May 20, 2021, Resp., Revised Tables 1 and 2, 11-12. The financing will be through the Firsttrust Bank in Philadelphia or a Vermont bank. App., 4; Resp. (April 28, 2021), 2.

18. The project is not expected to increase the cost of medical care or have an undue impact on the affordability of medical care for consumers. WLRC states that it does not plan to secure reimbursements in excess of medical inflation for any type of payer (including self-pay) within the first three years of its acquisition of AmCare. April 14, 2021, Resp., 2. WLRC also states that it does not anticipate a material change to AmCare's services, expenditures, and charges over the current experience. App. 10.

19. WLRC is hopeful that the efficiencies it intends to implement will maintain or lower costs to consumers. App., 9. For example, AmCare's billing will be transferred to WLRC's in-house billing department, which has six staff and currently bills over 50,000 claims a year. WLRC will employ technologies to better capture insurance information, which in turn lowers exposure to consumers. This includes the ability to search insurance records, integrate with facility EMRs, and use repeat customer data to ensure proper payers are billed and that patients are charged only when they truly have no coverage for the services provided. App., 9.

20. The benefit to the public of maintaining a critical ambulance service that might otherwise no longer exist outweighs any modest incremental cost increases that might occur in the future as a result of the acquisition. App., 10.

21. Since 2020, WLRC has acquired other ambulance services in Maryland and New Hampshire. WLRC represents that AmCare is currently in a strong financial position and that the WLRC family of companies are also financially well-positioned, having just under \$22 million in revenue during the COVID-19 pandemic. Based on the past success of each company WLRC has acquired and Mr. Rosenberg's experience in the industry, WLRC is confident that each company, including AmCare, will be able to satisfy its financial obligations, including the purchase of new equipment and technology for AmCare outlined in the application. If AmCare or one of WLRC's other ambulance companies were to need additional cash, WLRC's contingency plan will be to rely on its well-established line of credit and its access to cash from any of its other companies. WLRC projects that by the time of closing on the acquisition of AmCare, it will have approximately \$400,000 in working capital at its disposal. May 20, 2021, Resp., 1.

22. WLRC maintains that the acquisition of AmCare stock is not expected to have an adverse impact on WLRC's ability to continue providing services it offers in Maryland and New Hampshire. App., 12.

23. WLRC projects operating margins of 17% in 2021; 14% in 2022 and 14% in 2023, as well as average revenue growth of 8% per year. Board staff questioned these projections. WLRC maintains these projections are achievable as AmCare has historically been profitable; WLRC will reduce expenses by consolidating accounting/billing and legal in-house at WLRC; technology improvements and innovations will result in a more streamlined and efficient operation; and continuing demand and ability to serve more towns in Franklin and Chittenden counties will lead to increased revenue for AmCare. As Franklin county's largest EMS employer and only career EMS provider, WLRC also expects AmCare will continue to receive requests from towns, municipalities, facilities and private services seeking AmCare's services. In the past, AmCare has not had the inclination to provide all of the requests for assistance. WLRC represents that it has the ability and desire to meet all requests it receives. AmCare has already experienced more requests for help with hospital transfers and expects that need will continue. App., 13; May 20, 2021, Resp., 2-3.

24. The project will not negatively impact hospitals or other clinical settings; it will allow an existing ambulance service provider to continue transporting patients to hospitals and other clinical settings. WLRC intends to elevate the level of clinical care it provides through training and the provision of additional equipment such as pumps and ventilators. As a result, hospitals may need to send fewer staff with patients when they are transferred from the hospital by ambulance to another facility, which would have a positive impact on local hospitals given that every hospital staff person is a precious resource. App., 9.

25. Less expensive alternatives do not exist. The project involves the acquisition of an existing ambulance service whose current owners wish to retire. App., 10-11. AmCare is Franklin County's only career EMS provider and is Franklin County's largest EMS employer, staffed 24/7 with multiple ambulances and paramedics. App., 1-2. Without this purchase, AmCare would likely no longer exist as the current owners cannot continue to operate AmCare at the level they have for 32 years. App., 10-11.

26. WLRC projects that utilization will increase under its ownership and expects transports to increase from 438 in year 1 to 732 in year 3 and responses will increase from 657 in year 1 to 1,099 in year 3. April 28, 2021, Resp., Revised Table 7 (Utilization Projections), 16.

27. The project does not involve construction, renovation, or fit-up. April 14, 2021, Resp., 3.

28. Given the nature of the project, the availability of affordable, accessible transportation services to the facility is not relevant. App., 13.

29. The project does not involve the purchase or lease of new Health Care Information Technology. App., 13.

Standard of Review

Vermont's CON process is governed by 18 V.S.A. §§ 9431-9446 and Green Mountain Care Board Rule 4.000 (Certificate of Need). An applicant bears the burden of demonstrating that each of the criteria set forth in 18 V.S.A. § 9437 is met. Rule 4.000, § 4.302(3).

Conclusions of Law

I.

Under the first statutory criterion, an applicant must show that the proposed project aligns with statewide health care reform goals and principles because the project takes into consideration health care payment and delivery system reform initiatives; addresses current and future community needs in a manner that balances statewide needs (if applicable); and is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the Health Resource Allocation Plan (HRAP). 18 V.S.A. § 9437(1).

The Applicant has shown that the proposed project aligns with statewide health care reform goals and principles. Acquisition of AmCare by WLRC assures that critical and lifesaving EMS services will continue to be available to the residents and facilities within its service area. AmCare currently provides mutual aid and paramedic intercept services to surrounding towns in Franklin and Chittenden counties; sponsors local first responder services within its communities; provides joint training to local fire service and law enforcement agencies and ambulance standby services at law enforcement and fire service incidents, contact sports, and community events; and collaborates with the Vermont Department of Health, Vermont National Guard, Franklin County Home Health Agency, county rural health clinics, area hospitals and nursing homes, area schools and educators, and Vermont residents in providing COVID related testing and vaccination services. Given that the current owners of AmCare have owned and operated the EMS service for 32 years and wish to retire, the acquisition of AmCare by WLRC, which has the expertise to acquire and operate AmCare at this critical juncture, assures that these essential EMS services will continue to be available in AmCare's service area. *See Findings*, ¶¶ 3, 7-9.

The project is also consistent with the HRAP,¹ which identifies needs in Vermont's health care system, resources to address those needs, and priorities for addressing them on a statewide basis. *See HRAP Standards*: 1.3 (a collaborative approach to delivering service has been taken or is not feasible or appropriate); 1.7 (the project is consistent with evidence-based practice); and 1.8 (the applicant has a comprehensive evidence-based system for controlling infectious disease). *See Findings*, ¶¶ 7-9, 13-14.

¹ The Vermont legislature in Act 167 (2018) made several changes to the State's CON law. *See* <https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT167/ACT167%20As%20Enacted.pdf>. As amended by Act 167, 18 V.S.A. § 9437(1)(C) continues to reference the HRAP, which is in the process of being updated. In the interim, we consider the current HRAP standards.

Given that the current owners of AmCare wish to retire, WLRC, an experienced EMS company, will acquire and operate this critical service and continue to collaborate with community services, programs, and facilities. Based on the information above, we conclude that the applicant has met the first criterion.

II.

Under the second statutory CON criterion, an applicant must demonstrate that the cost of the project is reasonable because the applicant's financial condition will sustain any financial burden likely to result from completion of the project and because the project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers. The Board must consider and weigh relevant factors, such as "the financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures and charges [and whether such impact] is outweighed by the benefit of the project to the public." Under the second statutory criterion, the applicant must also demonstrate that less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate; and if applicable, that the project has incorporated appropriate energy efficiency measures. 18 V.S.A. § 9437(2).

We conclude that the project's total cost of \$2,543,378, is reasonable. Implementation of the project will require borrowing of \$2,180,000, an equity contribution of \$93,378, and working capital of \$270,000. Findings, ¶ 17.

AmCare is currently in a strong financial position and the WLRC family of companies are also financially well-positioned, having just under \$22 million in revenue during the COVID-19 pandemic. Based on the past success of operating each company WLRC has acquired, coupled with Mr. Rosenberg's experience in the industry, WLRC is confident that each company, including AmCare, will be able to satisfy its financial obligations, including the purchase of new equipment and technology outlined in the application. If AmCare or one of its other ambulance companies were to need additional cash, WLRC's contingency plan will be to rely on its well-established line of credit and its access to cash from its other companies. WLRC projects that by the time it closes on the AmCare transaction, it will have approximately \$400,000 in working capital at its disposal. Findings, ¶ 21.

We further find that the project will not unduly increase the costs of care, will not unduly impact the affordability of care for consumers, and any fiscal impact is outweighed by the benefit of the project to the public. Findings, ¶¶ 18-20. There will not be an increase in charges or rates for services linked to the project and WLRC does not plan to secure reimbursement increases in excess of medical inflation for any type of payer (including self-pay) within the first three years of its acquisition of AmCare. App., 10. Planned implementation of efficiencies by WLRC, including technologies that will capture insurance information, are expected to maintain or lower the cost to consumers. The benefit to the public of maintaining a critical ambulance service that might otherwise no longer exist outweighs any modest incremental increases that might occur in the future. Findings, ¶¶ 5-6, 18-20, 24. The impact on hospitals and other clinical settings is positive as critical emergency and non-emergency services and transport they rely on will remain in place

with what is expected to be a seamless transition of services. The benefits of the project to the public are tangible and meaningful. Findings, ¶ 24.

Given the nature of the project, appropriate energy efficiency measures are not applicable.

Finally, the applicant has demonstrated that less expensive alternatives do not exist. Findings, ¶ 25.

We conclude that the applicant has satisfied the second criterion.

III.

Under the third criterion, an applicant must show that “there is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide.” 18 V.S.A. § 9437(3).

The current owners of AmCare have owned and operated the EMS service for 32 years and are at a point in life where they wish to retire. The current owners purposely set out to identify a buyer with experience in providing EMS services and a firm commitment to the communities it serves. The current owners of AmCare selected WLRC to acquire AmCare as WLRC has demonstrated experience in successfully owning and operating EMS services in other states. If not for identifying and selecting an experienced buyer, AmCare may have ceased operation, leaving the communities and facilities that rely on these services without the level of service to meet community need. Findings, ¶¶ 3-4, 9, 15, 21, 25.

For the reasons stated above, we conclude that applicant has satisfied the third criterion.

IV.

The fourth criterion requires that an applicant demonstrate that the proposed project will improve the quality of health care in Vermont, provide greater access to health care for Vermonters, or both. 18 V.S.A. § 9437(4).

The project improves the quality of health care and maintains and supports access to a critical service. WLRC will maintain AmCare’s existing programs, including critical education and training programs and collaborations with community partners. WLRC is also upgrading equipment and technologies, for example by integrating emergency service records into a patient’s medical record. WLRC’s computer-assisted dispatch and other upgrades in technology will facilitate more rapid response times and more efficient transportation of patients, which should result in improved patient outcomes. Under WLRC, AmCare will continue to operate in accordance with the Vermont Statewide Emergency Medical Services Protocols of 2020, which utilizes evidence-based emergency medicine. WLRC’s planned operational enhancements for AmCare include an expanded patient and employee safety program utilizing drug testing and in-vehicle driver safety monitoring systems; new cardiac monitoring equipment; tuition reimbursement to allow employees to advance their level of training and patient care capability;

and centralized electronic patient recordkeeping, which facilitates monitoring and review of patient care. Findings, ¶¶ 5-11.

We find that the applicant has met this criterion.

V.

The fifth criterion requires that an applicant demonstrate that the project will not have an undue adverse impact on any other services it offers. 18 V.S.A. § 9437(5).

The project will not have an adverse impact on any other services that WLRC offers and with this acquisition, WLRC will maintain services currently offered by AmCare. Based on the past success of operation of each company WLRC has acquired, coupled with Mr. Rosenberg's experience in the industry, WLRC is confident that each company, including AmCare, will be able to satisfy its financial obligations, including the purchase of new equipment and technology outlined in the application. If AmCare or one of its other ambulance companies owned by WLRC were to need additional cash, WLRC's contingency plan will be to rely on its well-established line of credit and its access to cash from its other companies. Findings, ¶¶ 4-6, 8-9, 21.

We find that this criterion has been satisfied.

VI.

The sixth criterion was repealed, effective July 1, 2018. *See* 18 V.S.A. § 9437(6) (repealed).

VII.

The seventh statutory criterion requires that an applicant adequately consider the availability of affordable, accessible transportation services to the facility, if applicable. 18 V.S.A. § 9437(7).

Given the nature of the project, we find that this criterion is not applicable.

VIII.

The eighth statutory criterion states that if the application is for the purchase or lease of new Health Care Information Technology, it must conform to the Health Information Technology Plan. 18 V.S.A. § 9437(8).

As the project does not involve the lease or purchase of a new Health Care Information Technology, this criterion is not applicable.

IX.

Finally, an applicant must show that the proposed project will support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent

to other components of health care as part of an integrated, holistic system of care, as appropriate. 18 V.S.A. § 9437(9).

Although AmCare is not a provider of mental health services, it recognizes and addresses mental health concerns through the response and transport of individuals experiencing a mental health crisis and/or suspected or actual overdose situation. Under WLRC's ownership, AmCare will continue to follow the Vermont Statewide Emergency Medical Services Protocols, which includes protocols for transporting individuals experiencing a mental health crisis. WLRC will also maintain existing training programs including staff training for transporting individuals with a suspected or confirmed overdose. Inter-facility transportation is an important part of WLRC's work and improved response times may mean that patients experiencing a mental health crisis are more rapidly transported from community hospital emergency rooms to facilities with psychiatric units. Findings, ¶ 12.

We find that the Applicant has satisfied this criterion.

Conclusion

Based on the above, we conclude that the applicant has demonstrated that it has met each of the required statutory criterion under 18 V.S.A. § 9437. We therefore approve the application and issue a certificate of need, subject to the conditions outlined therein.

SO ORDERED.

Dated: July 1, 2021 at Montpelier, Vermont.

s/ Kevin Mullin, Chair)

s/ Jessica Holmes)

s/ Robin Lunge)

s/ Tom Pelham)

s/ Maureen Usifer)

GREEN MOUNTAIN
CARE BOARD
OF VERMONT

Filed: July 1, 2021

Attest: Jean Stetter, Administrative Services Director